

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Independent Building Maintenance Co., Inc.</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>36-2416362</u>	
4. Debtor's address	Principal place of business <u>3605 Woodhead Drive</u> <u>Suite 115</u> <u>Northbrook, IL 60062</u> Number, Street, City, State & ZIP Code <u>Cook</u> County	Mailing address, if different from principal place of business <u>790 W. Frontage Road</u> <u>Suite 705</u> <u>Northfield, IL 60093</u> P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership <input type="checkbox"/> Other. Specify: _____	

Debtor Independent Building Maintenance Co., Inc. Case number (if known) _____
Name**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing? *Check one:*☒ Chapter 7☐ Chapter 9☐ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor **Independent Building Maintenance Co., Inc.** Case number (if known) _____
 Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor

Independent Building Maintenance Co., Inc.

Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 5, 2016**

MM / DD / YYYY

X /s/ Carol Grad

Signature of authorized representative of debtor

Carol Grad

Printed name

Title **President**

18. Signature of attorney

X /s/ David Gallagher

Signature of attorney for debtor

Date **March 5, 2016**

MM / DD / YYYY

David Gallagher

Printed name

Upright Law LLC

Firm name

79 West Monroe

Fifth Floor

Chicago, IL 60603

Number, Street, City, State & ZIP Code

Contact phone **855-466-3920**

Email address **notices@uprightlaw.com**

6295024

Bar number and State

Fill in this information to identify the case:

Debtor name Independent Building Maintenance Co., Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2016

X /s/ Carol Grad

Signature of individual signing on behalf of debtor

Carol Grad

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Independent Building Maintenance Co., Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 47,114.55
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 47,114.55

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 20,736.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 351,550.06
4. Total liabilities Lines 2 + 3a + 3b	\$ 372,286.06

Fill in this information to identify the case:

Debtor name **Independent Building Maintenance Co., Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. MB Financial	Checking	4769	\$20,030.00
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4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$20,030.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
 Description, including name of holder of deposit

7.1. Security deposit for lease of Northbrook property			\$540.00
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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent
 Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$540.00

Debtor **Independent Building Maintenance Co., Inc.**
Name

Case number (If known)

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 23,244.55 - 0.00 = \$23,244.55
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$23,244.55

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 3 desks, 2 credenzas, chairs, filing cabinets, printer desk, book shelves	\$1,000.00	Liquidation	\$1,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 2 telephones, one fax machine, one printer, one copier (business does not utilize computers	\$0.00	Liquidation	\$300.00

Debtor Independent Building Maintenance Co., Inc. Case number (If known) _____
Name

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$1,300.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2003 Dodge Stratus (really a F 1500 Truck)**
over 120,000 miles very rough condition
body rusty and has at least on bullet hole

\$0.00

\$2,000.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.

\$2,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Debtor Independent Building Maintenance Co., Inc. Case number (If known) _____
Name

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill Business has been in business for over 90 years. May be limited good will	\$0.00		\$0.00

66. Total of Part 10. \$0.00
Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

	Current value of debtor's interest
71. Notes receivable Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	

Debtor Independent Building Maintenance Co., Inc.
Name

Case number (If known) _____

**Workers Compensation
Comprehensive General Liability
One possible claim by one customer for a broken
window (Peak) - may be less than deductible
(no claims against any insurer at the present time)**

\$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Independent Building Maintenance Co., Inc. Case number (if known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$20,030.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$540.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$23,244.55	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,300.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$47,114.55	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$47,114.55

Fill in this information to identify the case:

Debtor name Independent Building Maintenance Co., Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Independent Building Maintenance Co., Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alejandro Aguirre 6129 S. Narragansett Ave. Chicago, IL 60638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: wages/vacation pay		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2	Priority creditor's name and mailing address Ampelio Ramirez 1809 W. Erie Street Chicago, IL 60622	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: wages/vacation pay		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known)

2.3	<p>Priority creditor's name and mailing address</p> <p>Cruz Guzman 4939 W. Schubert Chicago, IL 60639</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown
2.4	<p>Priority creditor's name and mailing address</p> <p>Dario Lozano 3014 W. 40th Street Chicago, IL 60632</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown
2.5	<p>Priority creditor's name and mailing address</p> <p>IDES 33 S. State Street 10th Floor Chicago, IL 60603-2802</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number 9626</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	\$0.00
2.6	<p>Priority creditor's name and mailing address</p> <p>IL Department of Employment Securit PO Box 19509 Springfield, IL 62794</p> <p>Date or dates debt was incurred</p> <p>2015</p> <p>Last 4 digits of account number 1962</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Unemployment Benefits</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown

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2.7	<p>Priority creditor's name and mailing address</p> <p>Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	\$0.00
2.8	<p>Priority creditor's name and mailing address</p> <p>Indiana Department of Revenue PO Box 516 Muncie, IN 47308-0516</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown
2.9	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown
2.10	<p>Priority creditor's name and mailing address</p> <p>Juan Suarez 825 N. Bishop St. Chicago, IL 60642</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: wages/vacation pay</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown	Unknown

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2.11	Priority creditor's name and mailing address Keith A Gardner 3337 S. Claremont Ave Chicago, IL 60607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: wages/vacation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Keith AH Gardner 3337 S. Claremont Chicago, IL 60608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Mark Collins 4114 N. Ozark Harwood Heights, IL 60706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim: wages/vacation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Refugio Ruiz 4918 W. Medill Chicago, IL 60639	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: wages/vacation pay		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Richard Bradley 3908 N. Panama Chicago, IL 60634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim: wages/vacation pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address SEIU Local 1 111 East Wacker Drive, Ste 2500 Chicago, IL 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20,736.00	\$0.00
Date or dates debt was incurred 2015		Basis for the claim: Pension funds Owed per settlement agreement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Sixto Mata 5120 W. 29th Place Cicero, IL 60804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address AAA Financial Services PO BOX 982235 El Paso, TX 79998 Date(s) debt was incurred <u>4590</u> Last 4 digits of account number <u>7968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,051.88
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3.2	Nonpriority creditor's name and mailing address Acid Products 600 West 41st Street Chicago, IL 60609 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2435</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.76
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3.3	Nonpriority creditor's name and mailing address ADP PO BOX 0500 Carol Stream, IL 60132 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>8742</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.22
3.4	Nonpriority creditor's name and mailing address AFCO 5600 North River Road, Ste 400 Des Plaines, IL 60018 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>1401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,254.32
3.5	Nonpriority creditor's name and mailing address Alan Bernick 6101 N. Sheridan Road Apt. 29A Chicago, IL 60660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address American Express Boxx 0001 Los Angeles, CA 90096 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>3007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$786.01
3.7	Nonpriority creditor's name and mailing address American Express Boxx 0001 Los Angeles, CA 90096 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,112.01
3.8	Nonpriority creditor's name and mailing address Armor Systems Corporation 1700 Kiefer Drive Ste 1 Zion, IL 60099 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8093</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.97
3.9	Nonpriority creditor's name and mailing address AT&T PO BOX 5080 Carol Stream, IL 60197 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>4059</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.39

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3.10	Nonpriority creditor's name and mailing address AT&T PO BOX 5080 Carol Stream, IL 60197 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.03
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3.11	Nonpriority creditor's name and mailing address Augusta and Paulina 1700 W. Augusta Blvd. Chicago, IL 60622 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>6567</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$464.19
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3.12	Nonpriority creditor's name and mailing address Burlington Insurance Company Recovery Service Unit 238 International Road Burlington, NC 27215 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>1965</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Policy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,236.00
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3.13	Nonpriority creditor's name and mailing address Business Insurance Underwriters PO BOX 1559 Wheaton, IL 60187 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,599.66
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3.14	Nonpriority creditor's name and mailing address Carol Grad 7842 Lake Street Morton Grove, IL 60053 Date(s) debt was incurred <u>over the past 10 years</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans to corporation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203,273.39
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3.15	Nonpriority creditor's name and mailing address Chase PO BOX 1394 Houston, TX 77251 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>5017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,822.85
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3.16	Nonpriority creditor's name and mailing address Comed PO BOX 6111 Carol Stream, IL 60197 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>2072</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.03
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3.17	<p>Nonpriority creditor's name and mailing address Comed PO BOX 6111 Carol Stream, IL 60197 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>8003</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$54.38
3.18	<p>Nonpriority creditor's name and mailing address Complete Recovery Services, Inc. 3500 5th Street Northport, AL 35476 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>3793</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Returned Payroll Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$404.59
3.19	<p>Nonpriority creditor's name and mailing address Complete Recovery Services, Inc. 3500 5th Street Northport, AL 35476 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>3629</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Check Returned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$280.25
3.20	<p>Nonpriority creditor's name and mailing address Condo Serve Corporation 6348 N. Milwaukee Ave #392 Chicago, IL 60646 Date(s) debt was incurred <u>20015</u> Last 4 digits of account number <u>0752</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,500.00
3.21	<p>Nonpriority creditor's name and mailing address Credit First N.A. PO BOX 81344 Cleveland, OH 44188 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>9063</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,052.56
3.22	<p>Nonpriority creditor's name and mailing address Discover Financial Services PO BOX 6103 Carol Stream, IL 60197 Date(s) debt was incurred <u>1999</u> Last 4 digits of account number <u>9342</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$7,968.21
3.23	<p>Nonpriority creditor's name and mailing address Home Depot Credit Services PO BOX 9001030 Louisville, KY 40290 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>7316</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Cards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$137.37

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3.24	Nonpriority creditor's name and mailing address Illinois Association of Build. Mtc. PMB 110 1153 S. Lee Street Des Plaines, IL 60016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>indemnity claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,236.00
3.25	Nonpriority creditor's name and mailing address J. Racenstein Company LLC 20295 Chico Street Carson, CA 90746 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>6862</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,651.74
3.26	Nonpriority creditor's name and mailing address LakeShore Recycyling Systems 6132 Oaktown Ave Morton Grove, IL 60053 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>8070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.12
3.27	Nonpriority creditor's name and mailing address Liturgical Publications PO BOX 510817 New Berlin, WI 53151 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268.00
3.28	Nonpriority creditor's name and mailing address Mark Collins 4114 N. Ozark Harwood Heights, IL 60706 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>5213</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$428.01
3.29	Nonpriority creditor's name and mailing address MB Financial 6111 N River Rd Des Plaines, IL 60018 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>4769</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,890.00
3.30	Nonpriority creditor's name and mailing address Mesirow Insurances Service Inc. 353 N Clark St # 400 Chicago, IL 60654 Date(s) debt was incurred <u>2013</u> Last 4 digits of account number <u>0967</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,428.00

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3.31	Nonpriority creditor's name and mailing address NES Rentals PO BOX 205572 Dallas, TX 75320 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>7901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.75
3.32	Nonpriority creditor's name and mailing address Nicor PO BOX 5407 Carol Stream, IL 60197 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$764.34
3.33	Nonpriority creditor's name and mailing address Northbrook Associates c/o Key Investment and Management 1263 S. Highland Ave, Ste 2W Lombard, IL 60148 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>5043</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.72
3.34	Nonpriority creditor's name and mailing address PBG Financial Services LTD 666 Dundee Road, Ste 401 Northbrook, IL 60062 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>5530</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees Owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,460.00
3.35	Nonpriority creditor's name and mailing address Peak Properties 3333 N. Lincoln Ave Chicago, IL 60657 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,298.00
3.36	Nonpriority creditor's name and mailing address Peoples Gas PO BOX 19100 Green Bay, WI 54307 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0351</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.99
3.37	Nonpriority creditor's name and mailing address QLT Consumer Lease Services PO BOX 78973 Phoenix, AZ 85062 Date(s) debt was incurred <u>2011</u> Last 4 digits of account number <u>7770</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.64

Debtor **Independent Building Maintenance Co., Inc.**
Name

Case number (if known)

3.38	Nonpriority creditor's name and mailing address Shell PO BOX 183019 Columbus, OH 43218 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>8502</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Cards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,148.20
3.39	Nonpriority creditor's name and mailing address The Hartford PO BOX 660916 Dallas, TX 75266 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>6770</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,519.92
3.40	Nonpriority creditor's name and mailing address Travelers 2420 Lakefront Ave PO BOX 3556 Orlando, FL 32802 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>A020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workers Compensation Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,666.14
3.41	Nonpriority creditor's name and mailing address United Recovery Systems PO BOX 722929 Houston, TX 77272 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>8337</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection for Chase Bank</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,818.13
3.42	Nonpriority creditor's name and mailing address University Publications 1507 East 53rd Street, Dept 601 Chicago, IL 60615 Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>3361</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.00
3.43	Nonpriority creditor's name and mailing address Village of Skokie 5127 Oakton St. Skokie, IL 60077 Date(s) debt was incurred <u>20015</u> Last 4 digits of account number <u>8190</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.32
3.44	Nonpriority creditor's name and mailing address Village of Skokie 5127 Oakton Street Skokie, IL 60077 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>59AB</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

Debtor **Independent Building Maintenance Co., Inc.**
Name

Case number (if known)

3.45 Nonpriority creditor's name and mailing address

**Village of Skokie
Water Department
PO BOX 309
Skokie, IL 60076**

Date(s) debt was incurred 2015

Last 4 digits of account number 8190

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Water Bill

Is the claim subject to offset? ☒ No ☐ Yes

\$38.97

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Client Services 3451 Harry St. Truman Blvd Saint Charles, MO 63301	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	<u>0169</u>
4.2	Gatestone 1000 N. West Street, Ste 1200 Wilmington, DE 19801	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	<u>0068</u>
4.3	LTD Financial Services 7322 Southwest Freeway, Ste 1600 Houston, TX 77074	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	<u>1955</u>
4.4	Mooney Green et al 1920 L Street, NW Suite 400 Washington, DC 20036	Line <u>2.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	North Shore Agency PO BOX 9205 Old Bethpage, NY 11804	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	<u>4100</u>
4.6	SEIU National Industry Pension Fund 11 DuPont Circle, NW Suite 900 Washington, DC 20036	Line <u>2.16</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>20,736.00</u>
5b. +	\$ <u>351,550.06</u>
5c.	\$ <u>372,286.06</u>

Fill in this information to identify the case:

Debtor name **Independent Building Maintenance Co., Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Window washing services - terminable upon notice**

State the term remaining **varies per location**

List the contract number of any government contract _____

**Kimco as successor to Eurist Serv.
45 W. Hintz Road
Wheeling, IL 60090**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of Northbrook premises**

State the term remaining **Through April 2016**

List the contract number of any government contract _____

**Northbrook Associates
Key Investments
1263 Highland Avenue
Lombard, IL 60148**

2.3. State what the contract or lease is for and the nature of the debtor's interest **window washing per schedule terminable on 30 days notice by either side**

State the term remaining **Through November, 2017**

List the contract number of any government contract _____

**Presence Health
7435 W Talcott Ave
Chicago, IL 60631**

Fill in this information to identify the case:

Debtor name Independent Building Maintenance Co., Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Independent Building Maintenance Co., Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2015 to 12/31/2015

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$300,344.44

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business
☐ Other _____

\$533,653.00

For the fiscal year:
From 1/01/2013 to 12/31/2013

☒ Operating a business
☐ Other _____

\$614,499.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Carol Grad 7842 W. Lake Street Morton Grove, IL 60053 Sole Stock Holder	various times during past year	\$10,400.00	Ms. Grad took payments in lieu of salary after having put over \$25,000 into the business during this period.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None.

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?**
Address**If not money, describe any property transferred****Dates****Total amount or value**11.1. **Upright Law LLC**
79 West Monroe
Fifth Floor
Chicago, IL 60603**Attorney Fees****January 25,**
2016**\$5,335.00****Email or website address**
notices@uprightlaw.com**Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?**
Address**Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**
From-To14.1. **3605 Woodhead Drive**
Northbrook, IL 60062

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

Address**Dates of occupancy
From-To**14.2. **8156 N. Lawndale Ave
Skokie, IL 60076****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

**Financial Institution name and
Address****Last 4 digits of
account number****Type of account or
instrument****Date account was
closed, sold,
moved, or
transferred****Last balance
before closing or
transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address**Names of anyone with
access to it
Address****Description of the contents****Do you still
have it?****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. PBG Financial Services LTD 666 Dundee Road, Suite 401 Northbrook, IL 60062	2012-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Carol Grad 7842 W. Lake Morton Grove, IL 60053	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Carol Grad	7842 W Lake Street Morton Grove, IL 60053	President, sole stockholder	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Independent Building Maintenance Co., Inc.**

Case number (if known) _____

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 .			Payments in lieu of salary. Debtor lent more to corporation to maintain its operations during the past year than she withdrew.
Carol Grad	See response to question 3 of SOFA		
Relationship to debtor Sole Stockholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
- ☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
SEIU Pension Fund	EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 5, 2016**

/s/ Carol Grad
Signature of individual signing on behalf of the debtor

Carol Grad
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Illinois

In re **Independent Building Maintenance Co., Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	5,000.00
Prior to the filing of this statement I have received	\$	5,000.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 5, 2016

Date

/s/ David Gallagher

David Gallagher

Signature of Attorney

Upright Law LLC

79 West Monroe

Fifth Floor

Chicago, IL 60603

855-466-3920 Fax: 844-402-1128

notices@uprightlaw.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Independent Building Maintenance Co., Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **71**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **March 5, 2016**

/s/ Carol Grad

Carol Grad/President

Signer/Title

AAA Financial Services
PO BOX 982235
El Paso, TX 79998

Acid Products
600 West 41st Street
Chicago, IL 60609

ADP
PO BOX 0500
Carol Stream, IL 60132

AFCO
5600 North River Road, Ste 400
Des Plaines, IL 60018

Alan Bernick
6101 N. Sheridan Road
Apt. 29A
Chicago, IL 60660

Alejandro Aguirre
6129 S. Narragansett Ave.
Chicago, IL 60638

American Express
Boxx 0001
Los Angeles, CA 90096

American Express
Boxx 0001
Los Angeles, CA 90096

Ampelio Ramirez
1809 W. Erie Street
Chicago, IL 60622

Armor Systems Corporation
1700 Kiefer Drive Ste 1
Zion, IL 60099

AT&T
PO BOX 5080
Carol Stream, IL 60197

AT&T
PO BOX 5080
Carol Stream, IL 60197

Augusta and Paulina
1700 W. Augusta Blvd.
Chicago, IL 60622

Burlington Insurance Company
Recovery Service Unit
238 International Road
Burlington, NC 27215

Business Insurance Underwriters
PO BOX 1559
Wheaton, IL 60187

Carol Grad
7842 Lake Street
Morton Grove, IL 60053

Chase
PO BOX 1394
Houston, TX 77251

Client Services
3451 Harry St. Truman Blvd
Saint Charles, MO 63301

Comed
PO BOX 6111
Carol Stream, IL 60197

Comed
PO BOX 6111
Carol Stream, IL 60197

Complete Recovery Services, Inc.
3500 5th Street
Northport, AL 35476

Complete Recovery Services, Inc.
3500 5th Street
Northport, AL 35476

Condo Serve Corporation
6348 N. Milwaukee Ave #392
Chicago, IL 60646

Credit First N.A.
PO BOX 81344
Cleveland, OH 44188

Cruz Guzman
4939 W. Schubert
Chicago, IL 60639

Dario Lozano
3014 W. 40th Street
Chicago, IL 60632

Discover Financial Services
PO BOX 6103
Carol Stream, IL 60197

Gatestone
1000 N. West Street, Ste 1200
Wilmington, DE 19801

Home Depot Credit Services
PO BOX 9001030
Louisville, KY 40290

IDES
33 S. State Street
10th Floor
Chicago, IL 60603-2802

IL Department of Employment Securit
PO Box 19509
Springfield, IL 62794

Illinois Association of Build. Mtc.
PMB 110
1153 S. Lee Street
Des Plaines, IL 60016

Illinois Department of Revenue
Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338

Indiana Department of Revenue
PO Box 516
Muncie, IN 47308-0516

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

J. Racenstein Company LLC
20295 Chico Street
Carson, CA 90746

Juan Suarez
825 N. Bishop St.
Chicago, IL 60642

Keith A Gardner
3337 S. Claremont Ave
Chicago, IL 60607

Keith AH Gardner
3337 S. Claremont
Chicago, IL 60608

Kimco as successor to Eurist Serv.
45 W. Hintz Road
Wheeling, IL 60090

LakeShore Recycling Systems
6132 Oaktown Ave
Morton Grove, IL 60053

Liturgical Publications
PO BOX 510817
New Berlin, WI 53151

LTD Financial Services
7322 Southwest Freeway, Ste 1600
Houston, TX 77074

Mark Collins
4114 N. Ozark
Harwood Heights, IL 60706

Mark Collins
4114 N. Ozark
Harwood Heights, IL 60706

MB Financial
6111 N River Rd
Des Plaines, IL 60018

Mesirow Insurances Service Inc.
353 N Clark St # 400
Chicago, IL 60654

Mooney Green et al
1920 L Street, NW
Suite 400
Washington, DC 20036

NES Rentals
PO BOX 205572
Dallas, TX 75320

Nicor
PO BOX 5407
Carol Stream, IL 60197

North Shore Agency
PO BOX 9205
Old Bethpage, NY 11804

Northbrook Associates
c/o Key Investment and Management
1263 S. Highland Ave, Ste 2W
Lombard, IL 60148

Northbrook Associates
Key Investments
1263 Highland Avenue
Lombard, IL 60148

PBG Financial Services LTD
666 Dundee Road, Ste 401
Northbrook, IL 60062

Peak Properties
3333 N. Lincoln Ave
Chicago, IL 60657

Peoples Gas
PO BOX 19100
Green Bay, WI 54307

Presence Health
7435 W Talcott Ave
Chicago, IL 60631

QLT Consumer Lease Services
PO BOX 78973
Phoenix, AZ 85062

Refugio Ruiz
4918 W. Medill
Chicago, IL 60639

Richard Bradley
3908 N. Panama
Chicago, IL 60634

SEIU Local 1
111 East Wacker Drive, Ste 2500
Chicago, IL 60601

SEIU National Industry Pension Fund
11 DuPont Circle, NW
Suite 900
Washington, DC 20036

Shell
PO BOX 183019
Columbus, OH 43218

Sixto Mata
5120 W. 29th Place
Cicero, IL 60804

The Hartford
PO BOX 660916
Dallas, TX 75266

Travelers
2420 Lakefront Ave
PO BOX 3556
Orlando, FL 32802

United Recovery Systems
PO BOX 722929
Houston, TX 77272

University Publications
1507 East 53rd Street, Dept 601
Chicago, IL 60615

Village of Skokie
5127 Oakton St.
Skokie, IL 60077

Village of Skokie
5127 Oakton Street
Skokie, IL 60077

Village of Skokie
Water Department
PO BOX 309
Skokie, IL 60076

**United States Bankruptcy Court
Northern District of Illinois**

In re **Independent Building Maintenance Co., Inc.**

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Case No.
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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Independent Building Maintenance Co., Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Carol Grad
8156 N. Lawndale
Skokie, IL 60076**

☐ None [*Check if applicable*]

March 5, 2016

Date

/s/ David Gallagher

David Gallagher

Signature of Attorney or Litigant

Counsel for **Independent Building Maintenance Co., Inc.**

Upright Law LLC

79 West Monroe

Fifth Floor

Chicago, IL 60603

855-466-3920 Fax:844-402-1128

notices@uprightlaw.com